## HAWAII STATE ETHICS COMMISSION SHORT FORM DISCLOSURE OF FINANCIAL INTERESTS

NAME (Last, First, Middle) Tsuji, Clifton Kenichi  STATE POSITION HELD: (Dept/Div or Board/Commission) Hawaii State Representative, 3rd District TERM OF OFFICE (BegIn/End): 11/08/06  11/04/08  Check either number 1 or 2. If you check number 2, provide the relevant information.  1. □ I HAVE NO CHANGES TO REPORT SINCE MY LAST FILING.  2. ☑ I HAVE THE FOLLOWING CHANGES TO REPORT SINCE MY LAST FILING. For each addition, deletion, or other change of a financial interest; (1) Indicate who holds the interest, by circling one of the following "Filer," if you hold the interest; "Spouse," if your spouse plothy hold the interest; (2) Circle Virgous spouse spous plothy hold the interest; (2) Circle Virgous spouse spous spouse) ploth holds the interest you are describing.  ITEM # 1 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")  Social Security Administration - Amount C - Social Security San Francisco Regional Office benefits  P. O. Box 4201  P. O. Box 4201  Spouse □ Deletion □ Addition □ Change □ Deletion □ Addition □ Circle One: □ ITEM # 4 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")  Filler □ Addition □ Change □ Deletion □ Circle One: □ ITEM # 5 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")  Filler □ Addition □ Change □ Dependent Child □ Change □ Circle One: □ ITEM # 6 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")  Primer □ Addition □ Change □ Dependent Child □ Change □ Dependent Child □ Change □ Dependent Child □ Change □ D										
TERM OF OFFICE (Begin/End): 11/04/08  Check either number 1 or 2. If you check number 2, provide the relevant information.  1. □ I HAVE NO CHANGES TO REPORT SINCE MY LAST FILING.  2. ☑ I HAVE THE FOLLOWING CHANGES TO REPORT SINCE MY LAST FILING. For each addition, deletion, or other change of a financial interest: (1) Indicate who holds the interest, by circling one of the following "Filer." If you hold the interest. "Spouses" if you spouse holds the interest, "Dependent Child," if you are pendent to child holds the interest. "Dependent Child," if you are pendent to change of an interest, (2) Circle "Addition," to indicate the deletion of an interest, (2) Circle "Addition of an interest, (3) Describe the interest by following the "ITEM MSTRUCTIONS" in the "Short Form Disclosure Instructions." Also, provide the appropriate item number for the interest you are describing.  Circle One: ☐ Circle One: ☐ (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")  Social Security Administration - Amount C - Social Security San Francisco Regional Office benefits  Dependent Child ☐ Change ☐ ITEM # 4 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")  Circle One: ☐ ITEM # 4 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")  CIrcle One: ☐ Circle One: ☐ ITEM # 4 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")  CIrcle One: ☐ Addition ☐ Change ☐ Dependent Child ☐ Change ☐ Change ☐ Community Association - Director - 2006-2007 - No annual comp.  ☐ Dependent Child ☐ Change ☐ Dependent Child ☐ Cha		,			STATE POSITION HELD: (Dept/Div or Board/Commission)					
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1.	Check either number 1 or 2. If you check number 2, provide the relevant information									
deletion, or other change of a financial interest: (1) Indicate who holds the interest, by circling one of the following "Filer," if you hold the interest; "Spouse," if your spouse holds the interest; "Dependent Child," if your dependent child holds the interest; (2) Circle "Addition," to indicate the addition of an interest; "Deletion," to indicate the deletion of an interest; (2) Circle "Addition," to indicate the deletion of an interest; (2) Circle "Addition," to indicate the deletion of an interest; (2) Circle "Addition," to indicate the deletion of an interest; (2) Circle "Addition," to indicate the deletion of an interest; or "Change," to indicate any other change of an interest; "Debetion," to indicate the deletion of an interest; or "Change," to indicate any other change of an interest; or "Change," to indicate any other change of an interest; or "Change," to indicate any other change of an interest; or "Change," to indicate any other change of an interest; or "Change," to indicate any other change of an interest; or "Change," to indicate any other change of an interest; or "Change," to indicate any other change of an interest; or "Change," to indicate any other change of an interest; or "Change," to indicate any other change of an interest; or "Change of an interest you are describing."  ITEM # _ 4										
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Spouse		Circle One:	Circle One:		pllow the "ITEM BY ITEM INSTRUCTIONS"					
Spouse	<b>✓</b>	Filer	Addition		•					
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Spouse   Circle One:   Addition   Dependent Child   Change   Dependent Child   Change   Dependent Child   Dependent Child   Change   Chica Child   Change   Dependent Child   Change   Dependent Child		Dependent Child	Change	i						
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Filer	_	-			ollow the "ITEM BY ITEM INSTRUCTIONS" If the "Short Form Disclosure Instructions.")					
Dependent Child  Jointly  Circle One:  Filer  Spouse  Dependent Child  Change  ITEM # 6 (Follow the "ITEM BY ITEM INSTRUCTIONS" in the "Short Form Disclosure Instructions.")  39 Ekaha Street - (3) 2-3-033:042 - Value Changed from F to G  Hilo, HI 96720	<u> </u>			Hawaii Island Japanese						
Circle One:  ☐ Filer ☐ Addition ☐ Spouse ☐ Deletion ☐ Dependent Child ☐ Change ☐ Circle One: ☐ Addition ☐ Addition ☐ Addition ☐ Dependent Child ☐ Change ☐ Circle One: ☐ Addition ☐ Addition ☐ Addition ☐ Addition ☐ Spouse ☐ Deletion ☐ Dependent Child ☐ Change ☐ Circle One: ☐ Addition ☐ Addition ☐ Addition ☐ Addition ☐ 39 Ekaha Street - (3) 2-3-033:042 - Value changed from F to G ☐ Hilo, HI 96720 ☐ Addition ☐ Additio		Dependent Child	Change	, , , , , , , , , , , , , , , , , , , ,						
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	Filer	Addition		in the "Short Form Disclosure Instructions.")			
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	Dependent Child	Change					
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	Filer	Addition		in the "Short Form Disclosure Instructions.")			
	Spouse	Deletion					
	Dependent Child	Change					
	Jointly						
	CERTIFICATION: I have reviewed my previous Disclosure of Financial Interests Statements filed with the Hawaii State Ethics Commission and all succeeding amendments. I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief of my currently reportable financial interests and that there have been no other changes in my reportable financial interests since my prior reports were filed. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.						
	SIGNATURE ( <u>Note</u> : T	his filing is not valid with	nout ah original si	gnature.) DATE			

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